



Allied Health • Orthotics and Prosthetics

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Contents

Medi-Cal Training Seminars

DME Policy Changes Retroactive
to November 1, 2004..... 1

Providers Receiving
RAD Messages for
Over-One-Year Claims2

CCS Service Code
Groupings Update.....2

DME Policy Changes Retroactive to November 1, 2004

The following Durable Medical Equipment (DME) policy changes are retroactive for dates of service on or after November 1, 2004:

Purchase Frequency Limitations

| <u>HCPCS Code</u> | <u>Limitation</u> |
|-------------------|-------------------|
| A4606 | 2 per month |
| E0154 | 2 in 3 years |
| E0600 | 2 in 12 months |
| E0986 | 2 in 12 months |
| E1009 | 2 in 3 years |
| E1010 | 1 in 3 years |
| E1028 | 6 in 3 years |

For codes K0074, K0075 and K0076 (wheelchair caster tires), up to four (4) tires may be reimbursed on the same date of service when prior authorized for appropriate wheelchairs.

Note: Providers are reminded that the published frequency limit for a specific time period may be exceeded with an approved *Treatment Authorization Request* (TAR), but the additional quantity must be billed on a separate claim for a different date of service.

Wheelchair Combinations

Based on Medicare DMERC directives, manual wheelchair accessory component codes E0967, E0981, E0982, E0995, E2205 – E2206, K0015, K0017 – K0019, K0042 – K0047, K0050, K0052, K0066 – K0072, K0074 – K0078 and K0452 are not separately reimbursable with manual wheelchair base codes E1161, E1229, E123 – E1238, K0001 – K0007 or K0009.

Additionally, wheelchair accessory component codes E0971, E0981, E0995, E2366 – E2370, K0015, K0017 – K0019, K0042 – K0047, K0050 – K0052, K0090 – K0092, K0084, K0094 – K0096, K0098, K0099 and K0452 are not separately reimbursable with power wheelchair base codes: E1239, K0010 – K0012, or K0014.

Reminder: Providers must supply and bill for the specific wheelchair, including both the manufacturer and model, approved by the Field Office on the TAR/SAR.

DME Replacement Items

Claims for DME replacement items that are separately reimbursable with patient-owned equipment must include documentation identifying either the appropriate HCPCS code or a description of the specific DME item and that the item is patient-owned. This documentation is also required if billing with a miscellaneous code (for example, A9900).

Patient Lift, Bathroom or Toilet

The purchase reimbursement for code E0625 (patient lift, bathroom or toilet) is determined using current “By Report” methodology. This item may not be rented.

Please see DME Policy Changes, page 2

Humidifier Code Updates

Codes S8182 and S8183 (heated humidifiers) were terminated for dates of service on or after November 1, 2005. Providers may bill for these items using code E1399. Also, humidifier code E0555 is not separately reimbursable with the rental of any respiratory equipment.

Air Power Source Compressor Code Update

Effective for dates of service on or after June 1, 2006, code E0565 will be activated to bill for air power source compressors. Code E0565 may be billed as a purchase with modifier -NU or rental with modifier -RR, and requires prior authorization. The purchase frequency is limited to one in three years.

Pneumatic Compressors and Appliances

Providers are reminded that reimbursement for HCPCS codes E0650, E0651, E0665 and E0668 is restricted to mastectomy patients only. Claims must be billed with ICD-9 code 457.0.

Used Equipment

Medi-Cal does not purchase used equipment. New equipment rented on a trial basis by a patient may be purchased for that patient. The accumulated rental payments will be deducted from the new equipment purchase price.

External Infusion Pump Replacement Batteries

Claims for codes A4632 and K0601 – K0605 that were inappropriately denied for a quantity greater than one will be automatically reprocessed.

Wheelchair Detachable Armrest

Claims for code E0973 that were inappropriately denied as a non-benefit for dates of service between November 1, 2004 and April 1, 2005 will be automatically reprocessed.

This updated information is reflected on manual replacement pages dura cd 8, 9, 14, 15, 17, 19 and 22 (Part 2) and dura cd fre 1 and 2 (Part 2).

Providers Receiving RAD Messages for Over-One-Year Claims

Effective May 1, 2006, providers will no longer receive acknowledgement, approval or denial letters for claims submitted more than 12 months from the month of service and that meet established late submission requirements. Such claims will be noted on a *Remittance Advice Details* (RAD) with a message indicating the status of the claim.

The policy described above applies only to original claims delayed over one year from the month of service due to court decisions, fair hearing decisions, county administrative errors in determining recipient eligibility, reversal of decisions on appealed *Treatment Authorization Requests* (TARs), Medicare/Other Health Coverage delays or other circumstances beyond the provider's control, and were subsequently sent to EDS' Over-One-Year Unit.

This updated information is reflected on manual replacement page hcfa sub 3 (Part 2).

CCS Service Code Groupings Update

Effective for dates of service on or after July 1, 2006, numerous codes have been end-dated within the California Children's Services (CCS) Service Code Groupings (SCGs) 01, 02 and 07. These end-dated codes appear in bold with a strike through the entire code.

In addition, retroactive to dates of service on or after July 1, 2004, codes have been added to SCGs 01, 02 and 05. These codes are bold and underlined.

It is important to note that on these manual pages, SCG 02 includes all codes in SCG 01; SCG 03 includes all codes in SCG 01 and SCG 02; and SCG 07 includes all codes in SCG 01, 02 and 03. These same "rules" apply to end-dated codes.

This information is reflected on manual replacement pages cal child ser 1, 5, 6, 11 thru 18 and 21 (Part 2).

Orthotics and Prosthetics Bulletin 367

Remove and replace: cal child ser 1/2, 5/6, 11 thru 18, 21/22
dura cd 7 thru 10, 13 thru 22, 23/24 *
dura cd fre 1/2
hcfa sub 3/4, 5/6 *
hcpcs iii 1/2 *

Remove: modif app 1 thru 7
Insert: modif app 1 thru 10 *

* Pages updated due to ongoing provider manual revisions.